

**MANUAL
ON
CHIROPODY.**



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MANUAL FOR CHIROPODY

AND

Management of the Feet.

: ANATOMICAL :
AND PRACTICAL
DEMONSTRATION.

FIRST EDITION.

: BY :
A. WARMBATH,
Author.

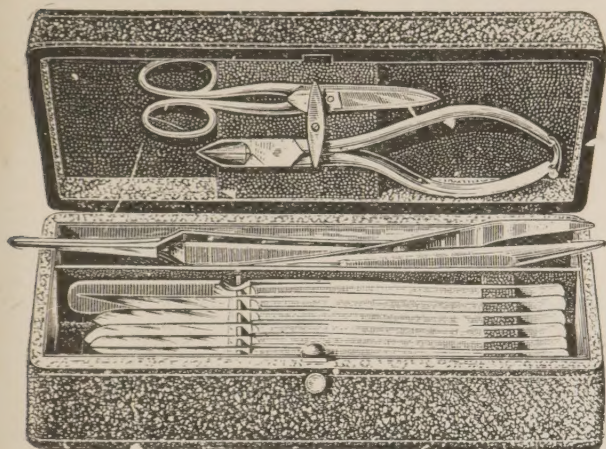
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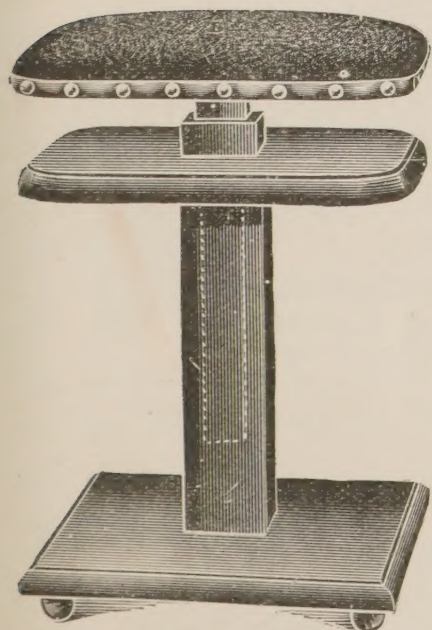
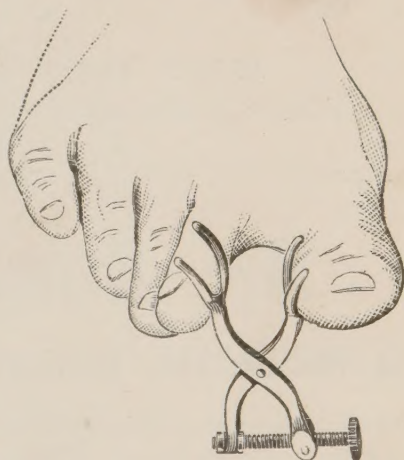
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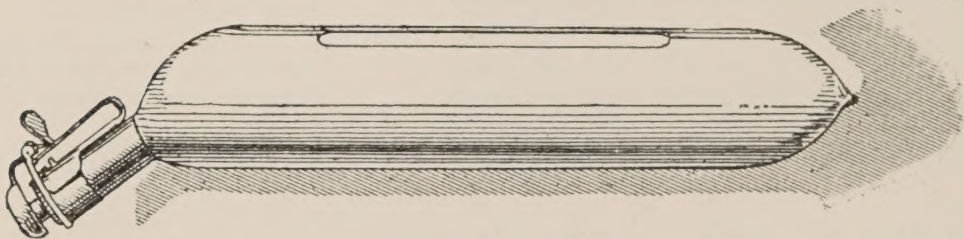
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PREFACE.

HAVING for 30 years had practical experience in Treatment of Corns, Bunions, the Diseases of the Nails, and the General Management of the feet, it gives me inducement to publish this little work, for the profession generally, and also for the layman who wishes to take up Chiropody as a profession, and I trust it will meet with a favourable reception.

INTRODUCTION.

I do not think that I have given undue consideration to what is often looked upon as trifles. Those who once have suffered, readily acknowledge that I have not exaggerated upon the annoyances to which flesh is heir to, but readily judge, from the excruciating pain they have undergone. The largest portion of society, fortunately for themselves, can form no idea of the usefulness of such a manual as I have drawn up. They have been taught to look upon corns as in themselves so trivial of complaint, and so easily remedied, as to be of little moment. In this country especially they are considered as unworthy surgical skill, in the same manner, years ago, attention to the teeth was looked upon as a sort of unnecessary waste of time.

The dentist had neither education nor skill; he was looked upon as a mere tooth-drawer, who might be useful in a moment of pain.

Now we see men of the highest medical education embark in the profession, and the consequence is a great improvement not only in the appearance in person in society, but health is much improved and longevity is more common. Old people are enabled to masticate their food by artificial means, and thus digestion is more easily performed. The same, a horse-doctor was looked upon as an ignorant pretender, and his advice only taken when hope of the animal's recovery was abandoned. The good sense of a large portion of the community was at length directed to diseases of horses.

We have now a Royal Veterinary College, with professors and accomplished men with experience in

every branch, and they are acknowledged and regarded with respect. It is not improbable that before any great length of time the Chiropodist will be admitted to his place in the social system; nor will the hospitals and colleges disdain to receive amongst their teachers men who have studied the diseases of the feet, now unfortunately so completely disregarded.

I trust that those who read my volume will feel that I sought to add something to the means that we possess of mitigating disease. The results I derived from personal experience and studies under competent authority. On the Continent the Chiropodist is looked upon as a public benefactor, and most of the Courts have upon their staff medical men, some Chiropodists.

In this country there is not one Hospital which I am aware of having someone to devote his time upon this subject.

There are many minutiae upon which there is little occasion to dwell, which I have necessarily omitted.

The principal subject of my examination has been the affections to which the feet are liable.

I have throughout attempted, as far as I could, to write in plain and unadorned language; and when it is borne in mind that I am not a native of this country, and that during the period of my practice and studies in this country, I entertain little doubt that my efforts will be viewed without that critical examination, which even the most erudite are sometimes unable to meet.

It would be presumptuous in me to expect that any great success may attend my literary labours, but should I be fortunate in gaining the kind opinions of my readers as I have been of my patients, I shall not consider the time I have employed in compiling these sheets thrown away, or regret that I have become an author.

MANUAL FOR CHIROPODY

AND

MANAGEMENT of the FEET.

Before giving the treatment of Corns it is essential for me to describe the terminal expansion of the lower limbs.

The feet in general plan and structure resemble the hands, but differ chiefly in being less mobile and less perfect as sensory and prehensible organs. Their less prehensible power mainly results from the fact that the bones of the great toes are not opposable to the bones of the remaining toes or of the instep; whereas the bones of the thumb are readily opposable to the bones of the other fingers as to the bones of the palms of the hands.

The limbs essentially consist of bony axis, surrounded by large masses or bundles of fleshy fibre, by which they are moved, they also contain whitish silky looking cords or threads, the nerves—the telegraph wires—by which the command and the power to move are transmitted, or as it were telegraphed to the muscles, which thus become the obedient servants of the brain.

The limbs are also supplied with large blood vessels (arteries and veins) by which they are furnished with the blood necessary for nutrition

or self repair. The large blood vessels and the principal nerves of a limb are in the direction of, and are situated for protection, near the bony axis.

The general structure of a limb may be well studied by means of the leg of a fowl or a rabbit, even after it has been served up at the dinner table. The tendons, the ligaments, and the *faciæ*, however, become more or less gelatinous during the process of cooking.

THE TARSAL BONES.

(From Gr. *tarsos*, sole of the foot.)

Comprise the seven irregularly shaped bones which form the heel, the ankle, and part of the sole:—viz., the *Os calcis*, *Astragalus*, *Cuboid*, *Scaphoid*, and the internal middle and external cuniform bones.

THE METATARSAL BONES.

(From Gr. *meta*, beyond.)

Comprise the five long bones which form the lower instep or front part of the arch of each foot.

THE PHALANGES OF THE FOOT

Or the toes are the fourteen bones of the toes which correspond with those of the hand. The two *Phalanges* of the big toe differ, however, in articulation from those of the thumb, in not being opposable to the rest of the foot.

THE LIGAMENTS

(From Lat. *ligo*, to bind)

Are the flexible, very pliant but tough inextensible white shining silvery looking bands of fibrous connective tissue by which the ends of movable bones are connected together so as to form the movable joints as the ligaments of the wrists and the foot, the transverse ligament of the shoulder, and the head of the thigh bone.

THE EPITHELIUM

Is probably one of the simplest structures in the body ; it consists of one or more layers of microscopic nucleated cells, termed epithelial cells, which are arranged so as to form membranes which line, and are found only on the free surfaces on the interior and exterior of the body, thus forming the exterior of free surface of the epidermis of the mucous and serous membrane.

Epithelial cells consist of an outer exquisitely fine cell wall with contents of fluid or granular matter. These are classified under four principal forms or varieties according to their shape or other characters, viz., first, Squamous or tessellated ; second, Spheroidal or glandular ; third, Columnar or cylindrical ; and fourth, Ciliated.

THE SQUAMOUS OR TESSELATED CELLS

Consist of flattish cells, which overlies each other like the scales of a fish as in the cuticle or which are laid or placed side by side, edge to edge, as

the serous and sinovial membranes, the interior of the lymphatics and blood vessels.

These vessels are sometimes charged with pigment, they are then termed pigment cells.

THE SPHEROIDAL OR GLANDULAR CELLS

Consists of the rounder or globular cells which lie in the interior of the compound glands; they do secretory work of the glands.

THE COLUMNAR OR CYLINDRICAL CELLS

Consist more or less of oblong or conical shaped shells which placed side by side stand perpendicularly on their lower attached extremities; they are generally smaller than their free ends that line the surface of the stomach and intestines including upper portions of the gastric follicles and gland bladder.

THE CILIATED EPITHELIUM

Consists of cells in general cylindrical variety, the free expanded extremities of which are covered with very fine pliant termed Cilia

THE STRUCTURE OF THE SKIN.

The skin consists of two distinct layers of formations, viz., first, the Cuticle; and second, the Cutis. The Cuticle is the outer, non-vascular, layer of Epithelial cells which lines and protects the cutis, it is usually called the epidermis. The inner or bottom-most layer of the Epithelial cells of which it is composed is moulded on the true

skin or dermis. The cells of the bottom-most layer are more round and moist than those of the outer layer, and in the case of a negro contains dark pigment or colouring matter, this layer is called the Cuticle.

The Cutis or dermis is the true skin, forms the more important and complex lower or under layer of the skin, it consists of : (a) fibrous net work or matrix of connective tissue ; (b) a network of blood vessels (capillaries) ramifying in the meshes of the former ; (c) a network of nervous fibrils, also ramifying through the same ; (d) Sudoripaceous and Sebaceous glands and ducts and masses of adipose tissue (or fat cells) enclosed within the fibrous matrix. The fibrous matrix when tanned forms leather, and when boiled yields gelatine. The closeness of the nervous fibrils and capillary blood vessels is shown by the fact that nowhere in the true skin can the point of a needle be inserted without causing bleeding and pain.

Sudariporous Glands (or sweating). The sweating glands which excrete the perspiration consist of minute coiled tubules formed of basement membrane lined with epithelial cells. The sweat when condensed is a colourless transparent acid liquid having a peculiar odour, it contains carbonic (urea), lactic, formic, and nutric acids. It also usually contains small quantities of sebaceous matter which renders it more or less turbid. It is constantly given off from the skin in the form of vapour, but when its escape is prevented

or when it is given off very rapidly as during very violent mental emotion, or when the body is heavily clothed, it collects in the skin in the form of a liquid, and is then termed sensible perspiration. The skin is more active in hot weather than cold.

The Papillæ of the Skin consists of little cuticle processes in the surface of the cutis or true skin immediately below the epidermis. Their extremities are sometimes simple, sometimes divided; they are most abundant in the fingers, palms of the hands, and the soles of the feet. The central portion of each papilla contains a minute plexus of blood vessels, comprising an arterial venous loop.

Having described the formation of the skin, for which I have followed the anatomical works by the late Professor Huxley, I will now give the formation of corns, bunions, calosites and warts, vascular corns, soft corns, and ingrowing nails. The term corn has been indiscriminately applied to every thickening of the skin. There are differences in corns though similar in structure, yet they present varieties according to the parts they are formed on, they are classified, hard, soft, festered, vascular, and calosites. Pressure and friction are the chief causes of forming corns. Improperly made boots or shoes will produce pressure upon the integuments of the toes and prominent parts of the feet, and by a corresponding resistance of the bone beneath it causes the

secreting vessels to compress. They become congested and throw a larger quantity of lymph out than is required for formation of the skin, and the layers are generated sooner than the surface is worn, thus forming layer upon layer, which become adhered to each other, thus forming the thickness and results in corns. When the irritation is kept up the secreting vessels produce bulbs of a conical shape and irregular depth, which become condensed and visible as white or reddish specks when the outer portion is removed. These specks have often been called roots, the descending point of these corns will press on and rupture some minute blood vessel, producing a red or black colour, the tint depending upon the length of time of the pressure of the corn. The pains caused by corns during formation arises from pressure or friction upon the nerves which are in a congested state and is usually relieved when the pressure is removed by taking off the boot or shoe. The pains also very often produced by a corn are influenced by different atmospheric changes. It is difficult to state what weather produces most pain. Persons living in the country complain mostly of their corns when in town possibly not being used to the flat surface of the pavement, which causes equal pressure to the feet in walking.

HARD CORNS.

This is generally the term by which all corns are known and commonly applied to all thickening

of the skin, which almost every person is arranging for himself without doing any mischief. But where the most danger lies is in the little toe, which from its position is more subject to injury than any other toe, as the joint projects. It is usually a deep-seated corn of a conical shape and penetrates the joint. Some corns are formed close to the nail and seldom can be detected, and frequently attack young persons by reason of wearing stout boots or shoes which are made more pointed than the foot, so that by walking the pressure is thrown upon the toe and forms a corn close to the nail. This kind of corn requires great dexterity and skill to remove. Very often there is a corn formed under the big toe nail, which is caused by something being dropped upon the toe or trod upon, which causes a discharge of blood under the nail and congeals. The nail of the affected part is separated from the quick and forms a corn under it and the sufferer, when pain comes on, seldom has any recollection how the injury occurred. This kind of corn requires great skill to remove. Another form of corn is produced inside the fleshy flap of the great toe extending in many cases under the edge of the nail. It is caused by the nail having been improperly cut or by the first toe pressing against the flap and pushing it higher than ordinary so that the skin in the inside becomes thicker and forms a corn. This is often the cause of an ingrowing nail. These cases require great skill and dexterity to remove, as serious consequences may arise if improperly treated.

CALLOSITES.

This term is applied to the thickening of the skin which occurs in large layers from the sole of the feet, these form mostly over the projecting parts of the bones upon the ball of the great toe and around the edges of the heels. When the callosites are situated upon the ball of the toe they require particular attention for if neglected a troublesome corn may form upon the joint. All that is required is to have the thickening removed with great care.

SOFT CORNS.

These are mostly situated between the toes, and are of the same structure as all other corns, only deriving their name by being constantly in a state of moisture occasioned by perspiration. They are not deep seated and do not project much above the surface on account of the pressure they are subjected to. They are generally caused by the friction of one toe against the other, and commence with a burning sensation between the toes, frequently followed by formation of a blister and forming fluid under it. If the fluid is not evacuated a gelatinous concretion forms, which ultimately becomes a corn and if not extracted ulceration will take place when the foot becomes swollen and the inflammation will extend up the leg. The treatment of soft corns varies according to their position and they require in all cases to be

very carefully removed. I caution persons suffering from these complaints to avoid using all so-called remedies as corn cure or acids as they may do themselves great and serious injuries. When the disease is of long standing relief may be obtained by eradication.

FESTERED CORNS.

Where the toes are by contraction drawn from their normal position, the joints become prominent, the pressure and friction on the projecting points cause inflammation and matter forms under it as the inflammation increases. The corn is fully developed about the centre not exceeding in size the head of a pin, decreasing inwardly. This excites vascular irritation and causes suppuration in the bursa, which has been inflamed by the pressure of the point of the corn, and when extracted has a part of the sac adhered to it. Care must be taken after careful extraction to avoid anything of a colouring material to come in contact with it, and it is the duty of the Chiropodist to dress it after operation and if the inflammation still continues it is best to apply a bread poultice which will reduce the same.

VASCULAR CORNS.

A very painful corn is occasionally met with situated on the soles of the feet and under the heel, also under the great toe. It is easily dis-

tinguished from a common corn, as it has more the appearance and character of a wart, and the excrescence is very painful. This disease is a deep-seated spongy substance forming a circular tumor not projecting beyond the level thickening of the skin. The whole surface is studded with black specks. When an attempt at extirpation is made with a knife hæmorrhage to a considerable extent immediately follows, the minute vessels pouring forth their contents profusely.

This disease is brought on by something pointed projecting in the shoe or boot of the wearer. It mostly affects young people at school and footballers by wearing boots having pieces of leather nailed across the bottom of their boot, the points of the nails not being sufficiently clinched inside and therefore project. The continual kicking of the ball will cause slight rupture of the minute blood vessels, and there gradually forms a vascular corn or tumor of which the principal symptoms are burning sensations in the part affected with a throbbing pain. Yet this corn from my practical experience is more effectively cured than any of the other corns.

BUNIONS.

A bunion is an enlargement over the first joint of the big toe and on the joint below the little toe. The term bunion is somewhat obscure and is probably a modification of the word "Oignon,"

as the French call it, or onion from its shape and the scales of the skin in which it resembles the layers of onions. There is not much information by surgical writers respecting the complaint, and they speak of it simply as a species of corn. As regards the disease of the joint they do not mention at all, but my own experience of the cause of bunions is the wearing of shoes or boots improperly fitted to the feet, and being made too pointed so that the big toe has no room for expansion and is pressed inward thus forcing the joint out, undue pressure being thrown upon the articulation of the bones of the great toe so that the proper motion of joints and muscles is impeded and inflammation follows ultimately forming a severe bunion.

Bunions may also form after a severe attack of rheumatism and gout which produce deformity of the feet and distortion of the toes, thus producing enlargement of the joints constituting bunions. When the disease is first noticed the pain is trifling, but from continual increase of pressure, and non-removal of the cause that originally produced, the skin will get thickened in layers and become studded with small superficial corns. If this disease is neglected and the enlargement gets thickened, suppuration takes place within the bursa, producing ulceration into the adjoining tissues, and in many cases affects the bones. Although a perfect cure can seldom be promised yet in most cases relief from pain can be afforded by proper treatment.

DISEASES OF THE NAILS.

The nails may be described as horny shields originating in a fold of the cutis vera, and so placed as to protect the ends of the fingers and toes. In very rare cases there is a congenital absence of one or more of these appendages; while equally seldom we find supernumerary nails, or a nail is developed in unusual position—as on the stump of an amputated finger. Occasionally these organs are shed with some degree of regularity, a new one being formed which gradually loosens and throws off the old structure placed above it. The nail may be also cast off in consequence of a whitlow, when the inflammation has commenced near the matrix.

As the growth of the nails, both in length and thickness, is regulated by general nutrition, so during sickness their development is retarded. This point of retardation is generally shown by one or more transverse furrows, owing to the part secreted during illness being thinner than that formed in health. The furrow is usually most distinct on the thumb nail, and is sometimes even confined to this part. I think it is more marked on the left than on the right hand.

A curving of the nails, with a clubbing of the last phalanges, has been sometimes observed in phthisis, cyanosis, etc. The thumb nail probably takes about twenty weeks to grow from its root to the free margin.

IN-GROWING NAILS

(Or *onyxis*, a hoof)

Is a painful condition which not infrequently occurs on the outer part or inner part of the great toes, which is usually produced by ill-fitting boots. The side of the nail is pressed into the flesh at its margin, the pressure and irritation being increased by walking, so that inflammation and ulceration are soon set up. The ulcer becomes covered with flabby and sensitive granulation and there is an unhealthy discharge. A cure may be effected by removing the pressure, by separating the side of the nail and removing the corn which has formed at the side, and insert a small pellet of lint under the edge of the nail. If this is neglected a fungus granulation will be permanently formed. As this will necessitate an operation it is best to make a congelation, and remove discreetly the nail from the matrix. The nail is first divided, and the strip drawn out. The subsequent use of a dressing, with antiseptic lotion. Take a piece of lint

steeped in carbolic lotion and dress the part with it, which will effect a cure.

HYPERTROPHY OF THE NAILS.

This can scarcely be called a disease. It is often met with in bed-ridden persons, as the consequence of neglect. The nail of the great toe may thus attain an extravagant length and thickness, while by curving inwards and pressing into the flesh of the foot, it will produce much pain and inconvenience. A nail altered in this manner can usually be easily removed. It is only necessary to grasp it firmly with the dressing forceps and with a little tact, evulsion will quickly be accomplished.

THE MANAGEMENT OF THE FEET.

The proper management of the feet is of the greatest consequence to health and comfort. There is not any subject connected with medical science which requires more attention. The instructions I am giving in this work, their value will be appreciated when taken into consideration.

From the first of wearing socks and shoes, great attention is required. Socks should be made in summer of fine wool or oil silk, in winter of heavier fabric and of sufficient length, so that the toes may have room for extending.

Children should have their feet examined every time the socks are removed.

The feet should be washed evening or morning and well dried.

The nails should always be cut level with the toes.

The shoes or boots should not be made too tight nor too large.

When there is a tendency to hereditary malformation, it begins to show itself in the toes from the age of four to seven years. The deformity commences in the first toe, which lies over or under the second toe, or the upper part is confined between the great and the second toe, so when they are pressed together the middle joint of the first toe is elevated higher than the others.

If the malformation is considerable, it may be advisable at the early age to endeavour to straighten the toes. From four to seven years of age, corns, which are easily removed, are apt to form, and should be submitted to the practitioner at once, for by proper treatment you may prevent many years of suffering.

Nurses should watch children when at play or walking to see that they place their feet firm on the ground, and if any rolling is perceivable, the toes should be carefully examined, as most probably a soft corn will be found between the toes. It may also be necessary to examine the ankles, and if the inner ankle appears much larger than natural, and in walking presses inward as if the child has no support for the foot, it is the proceeds from relaxed ligaments. Practical advice should be taken, because if neglected a confirmed awkward gait would be the result. Every means should be taken to make the child, when walking, bear on the outside of the foot. It may also come

from affection in the loins or knees which requires surgical treatment.

Young persons should be cautioned not to tear off the toe nails, which they are very apt to do; great mischief may be caused by such practice.

Children when sent to school should be instructed to have their nails cut in a proper manner and impressed with the evil consequences of tearing them. They should be taught and directed either to sponge their feet or wipe them with the end of a wet towel every morning, and to rub them thoroughly dry afterwards. They should not have more than two pairs of shoes to wear as they become too small and the result is the formation of corns.

The employment of foot baths, either hot or cold, must depend on the constitutional habit. For persons advanced in age the tepid bath is preferable, particularly when they are subject to gout or rheumatism. In advanced age persons do not generally bathe their feet so frequently; they would, however, derive great comfort from sponging them twice a week with soap and warm water, wiping them thoroughly dry afterwards, and rubbing off the scales with a coarse towel, then spray them with Eau de Cologne between the

toes and powder well between the toes afterwards with boracic acid and tannin powder. This will be of great benefit to persons with tender feet.

When a warm foot bath is required previous to cutting the corns or nails it should be used in the morning and made with bran and water, but if the skin is naturally soft and moist salt should be substituted, and the feet should not be kept in the bath more than 10 minutes.

Ladies for general use should wear oil silk or fine wool stockings if they are liable to swollen feet, particularly about the ankles. Support may be obtained by wearing elastic stockings or anklets which will be found comfortable.

Sportsmen during shooting season ought to wear woollen stockings and change them daily; the shoes should be made right and left and fit firmly round the ankles and over the instep, so as to prevent the foot from slipping about in them; the soles ought to be made considerably thicker than they are usually made, with full tread and the waist narrow, the outside not too much twisted, but made straight until above the little toe and then shaped to the foot. If the shoes can be depended on as being waterproof they would be preferable.

Pedestrians who take immoderate exercise or undertake walking tours on the Continent should wear woollen stockings and shoes or boots with broad thick soles, washing their feet every morning with soap and water and well drying and resting them in horizontal position. After having exposed them to the air for some time they should be well wetted with Eau de Cologne and powdered and clean stockings put on. If annoyed with corns they may be scraped with pumice-stone; razor or any other sharp instrument should not be used on any account as an accident may soon occur. If blisters arise on the toes they should be punctured with a needle at the part where there is most fluid collected, and the contents pressed out with a soft piece of linen or handkerchief, or a piece of lint. This should be done in the evening after bathing the feet, so that they may be rested afterwards.

Whenever blood is found on the foot of the stockings the toes and nails should be examined and if by pressing on the nails blood oozes out or collects round the root, it may be inferred that the shoes are too short, and the toes are driven against their points. The cause of the mischief should at once be removed; a piece of lint wetted in zinc lotion or boric lotion and applied around the nail and toe will be sufficient to restore it to a

healthy state. If the nail feels loose it must be cut as closely as possible to the top of the toe, all pressure should be avoided, and the lint continued until the oozing has ceased.

The perspiration of the feet seldom requires medical interference, unless it is either to such excess as to be annoying or the odour becomes very offensive. This is a source of great discomfort to many persons who are otherwise in good health. The odour is most perceptible in warm weather or in hot rooms and many cases are so fetid that the society of the afflicted person is avoided. No effectual cure can be expected but cleanliness is necessary; washing the feet with Eau de Cologne or Comp. Spirit of Camphor rubbed in twice a day and changing stockings is all that can be done.

When the skin breaks into fissures between the toes, the cracks extending round and under them, it is caused by an acrid condition of perspiration or the want of sufficient ablution. In either case it is cured by washing the parts with warm water and soap and applying pieces of lint dipped in Boric Acid lotion or Tincture of Myrrh; and dusting every morning with pulverised Boric Acid powder.

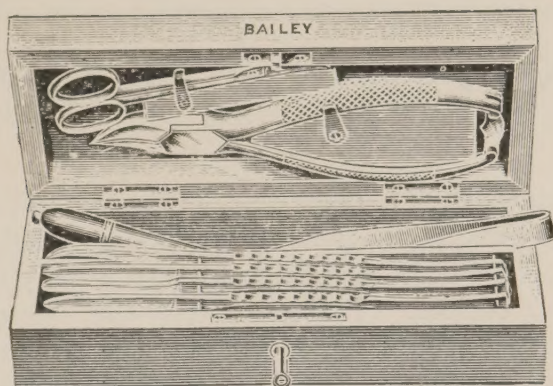
The want of perspiration with a dry skin is more from constitutional disorder than local. Dyspeptic and rheumatic persons are particularly liable to it, and suffer more as the stomach is deranged. To relieve the dryness the feet should be bathed in hot water and bran or oatmeal, and should be frequently rested, especially after walking, but the greatest benefit will be derived from restoration of health under judicious medical advice.

Cold and clammy feet are indicative of debility and little relief can be obtained from external applications.

Camphorated spirits well rubbed over the feet will, however, be found very beneficial.

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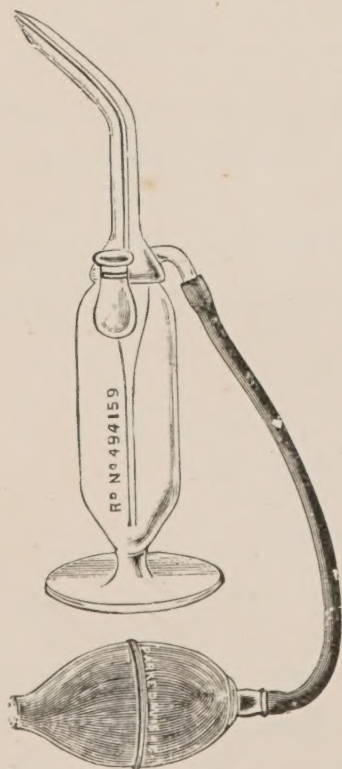
Invaluable to Chiropodists

ANALGESIC BALM.

(P., D. & Co.)

This combination of Menthol, Methyl Salicylate, and Lanoline provides an anti-inflammatory and soothing application, which is very comforting after the removal of indurated cuticle. Being of jelly-like consistence, it is most convenient for application, and the collapsible tubes in which it is supplied enable the ready expulsion of the very small amount that is required, whilst they ensure the perfect condition of the bulk.

THE "GLASEPTIC" SPRAY.



The glass portion is drawn to scale of about one-half actual size

The glass portion of this appliance being constructed in one piece, there are no joints to get out of order, nor metallic parts to become corroded, and thereby contaminate the fluid in use. For sterilisation it merely requires to be boiled in water. The pneumatic bulb is of the best rubber and causes a copious delivery of fine spray.

This appliance is in every way the best for the atomisation of hæmodynamic, analgesic and antiseptic solutions.

The above-mentioned are obtainable of all Chemists.

Further particulars will be forwarded on request by—

PARKE, DAVIS & Co., 50, Beak St., Regent St., LONDON, W.

